

www.mass.gov/abcc

| LICENSE NUI | MBEK: 056800004 | | CIT | Y OK TOWN | KINGS I O. | IN |
|--|---------------------------|---|-------------|-----------------|--------------|--------------|
| APPLICATION | N FOR RENEWAL: | Annual | | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| LICENSEE NA DOING BUSIN ADDRESS 94 | NESS A | CAN LEGION GOVO | ONI POST | # 387, INC. | | |
| | | OT ATE. | . | ZID CODE | 02264 | |
| CITY/TOWN: | | STATE: N | 1A Z | ZIP CODE: | 02364 | |
| MANAGER: | FOSSETTI JR., PETER J. | TYPE OF LICENSE | :Club | C | ATEGORY: | All Alcohol |
| EMAIL ADDR | RESS: | | | | | |
| | PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YO | UR EMAIL AD | DRESS | | |
| ONE STORY I USED FOR M | EETING OF POST. I | DUNGE AREA AND ENTRANCE ON MAI VTRANCE TO BASE | N ST. LE | | | |
| • • | and swear under pen | | | | | |
| | | be of the same type for | | • | | |
| | - | with all laws of the C | | _ | o taxes; and | |
| 3. the | premises are now ope | n for business (If not e | explain be | low) | | |
| SIGNED BY | Individual, Pa | urtner or Authorized Co | orporate C | Officer | | |
| | | | | | | |
| DATE: | TELEP | HONE NUMBER: | | | | TION NUMBER: |
| Acts of 2004, | signed by the buildir | e are in possession (1 ng inspector and the l nte of liquor liability i | head of th | ie fire departi | ment for the | above |
| Please Check Belo | ow: | | LO | CAL LICENS | SING AUTH | ORITY |
| APPROVED: | | | By | : | | |
| DISAPPROVE | | | | | | |
| (If disapproved | l explain) | | | | | |
| | | | | | | |
| DATE: | | | | | | |
| DATE. | | | _ | | | |



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| LICENSE NUN | MBER: 056800005 | (| CITY OR TOWN KIN | GSTON |
|--|---|--|----------------------------|--|
| APPLICATION | N FOR RENEWAL: | Annual | LICENSED I | FOR 2013 |
| | | CLASS | | YEAR |
| DOING BUSIN | ME: RE-PETE INC. NESS A THE CHARLIE HO | ORSE | | |
| ADDRESS 99 1 | MAIN ST. | | | |
| CITY/TOWN: | KINGSTON | STATE: MA | ZIP CODE: 023 | 64 |
| MANAGER: | BEATON, MARK TYPE | OF LICENSE: Resta | nurant CATEG | ORY: All Alcohol |
| EMAIL ADDR | ESS: | | | |
| | PLEASE ALSO VISIT OUR WEB N OF LICENSED PREMISE | | IL ADDRESS | |
| KITCHEN ANI | G; BASEMENT FOR STO D OFFICE, LIQUOR STOR RGENCY EXITS, KITCHE sq ft patio | AGE. 2ND FLR; ST | ORAGE 5 ENTRANCE | S, FRONT |
| 1. the r 2. the l | and swear under penalties of renewed license will be of the icensee has complied with a premises are now open for be | e same type for the sall laws of the Commo | onwealth relating to taxes | |
| SIGNED BY | Individual, Partner o | r Authorized Corpor | ate Officer | |
| | | | | |
| DATE: | TELEPHONE | NUMBER: | | ΓΙΓΙCATION NUMBER: Social Security Number) |
| Acts of 2004, s | signed, attest that we are in signed by the building insp and (2) the certificate of li | ector and the head | of the fire department f | or the above |
| Please Check Belov APPROVED: DISAPPROVE (If disapproved | D: | | LOCAL LICENSING A By: | AUTHORITY |
| DATE: | | | | |



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| LICENSE NUMBER | (: 056800006 | | CITY OR TOW | N KINGSTON |
|--|----------------------------|--|--------------------|--|
| APPLICATION FOR | R RENEWAL: | Annual | LICI | ENSED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: | P AND J.V. O | F KINGSTON, INC. | | |
| DOING BUSINESS | A MAMMA M | IA PIZZA | | |
| ADDRESS 134 MAI | N ST. | | | |
| CITY/TOWN: KIN | GSTON | STATE: MA | ZIP CODE: | 02364 |
| MANAGER: VISC SAL | CARIELLO, VATORE | TYPE OF LICENSE: Res | staurant | CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| DESCRIPTION OF | LICENSED PRE | EMISES: | | |
| RESTROOMS. 2ND ENTRANCE CORN | FLR; FUNCTION FLR OF THOMA | NG; FIRST FLOOR RES' ON ROOM AND STORA S AND MAIN STS. FIRS YEES,SUPPLIES,ETC | GE. 3RD FLR S | |
| I hereby certify and s | wear under pena | lties of perjury that: | | |
| 1. the renew | ed license will be | e of the same type for the | same premises no | ow licensed; |
| 2. the license | ee has complied | with all laws of the Comm | nonwealth relatin | g to taxes; and |
| 3. the premi | ses are now open | for business (If not expla | ain below) | |
| SIGNED BY | Individual, Par | rtner or Authorized Corpo | orate Officer | |
| | | | | |
| DATE: | TELEPH | IONE NUMBER: | | YER IDENTIFICATION NUMBER: |
| | | | (Note: NOT | Individual Social Security Number) |
| Acts of 2004, signed | d by the building | g inspector and the head | l of the fire depa | nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain] | in) | | LOCAL LICE By: | NSING AUTHORITY |
| _ | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 056800008 | | CITY | OR TOWN | KINGSTON | J |
|---|---------------------------|------------------|---------------|------------------------|-------------------|-----------------|
| APPLICATION FOR | RENEWAL: | Annual | | LICENS | SED FOR 20 | 13 |
| | | CLASS | | | , | YEAR |
| LICENSEE NAME: | UNION GROVE CLU | JB INC. | | | | |
| DOING BUSINESS A | | | | | | |
| ADDRESS KINGSTO | N ST. | | | | | |
| CITY/TOWN: KING | STON | STATE: N | IA ZII | P CODE: | 02364 | |
| MANAGER: BRAD HENR | | OF LICENSE | :Club | CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PL | EASE ALSO VISIT OUR WEBSI | TE AND ENTER YO | UR EMAIL ADDE | RESS | | |
| DESCRIPTION OF LI | | | | | | |
| ONE FLOOR WITH S LIQUOR BEHIND BA | | | | | | |
| I hereby certify and sw | ear under penalties of | perjury that: | | | | |
| 1. the renewed | d license will be of the | same type for | the same pr | remises now | licensed; | |
| 2. the licensee | has complied with all | laws of the C | ommonweal | lth relating to | taxes; and | |
| 3. the premise | s are now open for bus | siness (If not e | explain belo | w) | | |
| | | | | | | |
| SIGNED BY | | | . 00 | C. | | |
| | Individual, Partner or | Authorized C | orporate Of | ncer | | |
| | | | | | | |
| D. 1 (T) | | | | | | |
| DATE: | TELEPHONE N | IUMBER: | 0 | | . IDENTIFICATI | |
| | | | (1 | vote. <u>IVOI</u> Ilid | ividual Social Se | ecurity Number) |
| We the undersigned, Acts of 2004, signed I named license and (2 of 2010. | by the building inspec | ctor and the l | nead of the | fire departr | nent for the | above |
| Please Check Below: | | | LOC | AL LICENS | ING AUTHO | ORITY |
| APPROVED: | _ | | By: | | | |
| DISAPPROVED: | | | | | | |
| (If disapproved explain | 1) | | | | | |
| | | | | | | |
| DATE: | | | | | | |



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| LICENSE NUMBER: 056800010 | (| CITY OR TOWN KING | STON |
|--|---|---|---|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FO | OR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: HILLTOP ATHL DOING BUSINESS A ADDRESS 65 POTTLE ST. | ETIC ASSOCIATION, | INC. | |
| CITY/TOWN: KINGSTON | STATE: MA | ZIP CODE: 0236 | 4 |
| MANAGER: SALVAGGI, RYAN TY | PE OF LICENSE: Club | CATEGO | ORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| DESCRIPTION OF LICENSED PREM 2 STORY FRAME BUILDING, 2 ENT TOILETS IN BASEMENT, DANCE H. ADDITION CONSISTING OF ONE ST FOR HANDICAPPED PERSONS | RANCES AND 3 EXIT: ALL, 2 TOILETS, STOI | S, READING ROOM, BO REROOM ON 2ND FLR | AND NEW |
| 1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for | of the same type for the same thall laws of the Commo | onwealth relating to taxes; | |
| SIGNED BY Individual, Partne | er or Authorized Corpora | ate Officer | |
| DATE | | | |
| DATE: TELEPHO | NE NUMBER: | EMPLOYER IDENTI (Note: <u>NOT</u> Individual S | FICATION NUMBER: ocial Security Number) |
| We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010. | nspector and the head | of the fire department fo | r the above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING A By: | UTHORITY |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| APPLICATION FOR RENEWAL: Annual | LICENSED FOR 2013 |
|--|---|
| CLASS | YEAR |
| LICENSEE NAME: KINGSTON COLUMBIAN BUILD | DING ASSOCIATION |
| DOING BUSINESS A KNIGHTS OF COLUMBUS | |
| ADDRESS 91 SOUTH ST. | |
| CITY/TOWN: KINGSTON STATE: N | MA ZIP CODE: 02364 |
| MANAGER: SMOLIC, JOSEPH TYPE OF LICENSE W. | E:Club CATEGORY: All Alcohol |
| EMAIL ADDRESS: | |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO | DUR EMAIL ADDRESS |
| DESCRIPTION OF LICENSED PREMISES: | |
| ONE STORY METAL BLDG WITH BASEMENT. TOP FOYER,OFFICE, RESTROOMS BASEMENT,HALL, F PAPER GOODS SUPPLY ROOM AND BEANO ROOM | URNACE ROOM, LIQUOR STORAGE, |
| I hereby certify and swear under penalties of perjury that: | |
| 1. the renewed license will be of the same type fo | - |
| 2. the licensee has complied with all laws of the C | _ |
| 3. the premises are now open for business (If not | explain below) |
| | , |
| | |
| SIGNED BY Individual, Partner or Authorized C | |
| SIGNED BY Individual, Partner or Authorized C | |
| | |
| Individual, Partner or Authorized C | |
| Individual, Partner or Authorized C | Corporate Officer |
| Individual, Partner or Authorized C | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above |
| DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above |
| Individual, Partner or Authorized C DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts |
| Individual, Partner or Authorized Comparison of Telephone Number: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY |
| Individual, Partner or Authorized C DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY |
| Individual, Partner or Authorized Comparison of Telephone Number: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBI | ER: 056800015 | | CITY | OR TOWN | KINGSTON | 1 |
|----------------------|---|---------------------|-----------------|------------------|-------------------|-----------------|
| APPLICATION FO | OR RENEWAL: | Annu | al | LICEN | SED FOR 20 | 13 |
| | | CLAS | SS | | , | YEAR |
| LICENSEE NAME | E: KTC, INC. | | | | | |
| DOING BUSINES | SS A KINGSBURY | CLUB | | | | |
| ADDRESS 186 SU | JMMER ST. | | | | | |
| CITY/TOWN: KI | INGSTON | STATE: | MA ZI | P CODE: | 02364 | |
| | NJIGIAN, T DBERT | YPE OF LICEN | SE: Restaurant | t CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS | S: | | | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER | YOUR EMAIL ADD | RESS | | |
| DESCRIPTION O | F LICENSED PREM | IISES: | | | | |
| | arts, club house, 1st f and caterers kitchen. 1 | | | wnstairs loung | ge. 2nd flr; re | strooms, |
| I hereby certify and | d swear under penalti | es of perjury tha | t: | | | |
| 1. the rene | ewed license will be o | of the same type | for the same p | premises now | licensed; | |
| 2. the licer | nsee has complied wi | ith all laws of the | Commonwea | alth relating to | taxes; and | |
| 3. the pren | mises are now open for | or business (If no | ot explain belo | ow) | | |
| | | | | | | |
| SIGNED BY | | | | | | |
| | Individual, Partn | er or Authorized | Corporate Of | fficer | | |
| | | | | | | |
| | | | | | | |
| DATE: | TELEPHO | NE NUMBER: | | | DENTIFICATI | |
| | | | (| Note: NOT Ind | ividual Social Se | ecurity Number) |
| Acts of 2004, sign | ned, attest that we a ned by the building i d (2) the certificate | inspector and th | ne head of the | fire departı | nent for the | above |
| Please Check Below: | | | LOC | CAL LICENS | ING AUTHO | ORITY |
| APPROVED: |] | | By: | | | |
| DISAPPROVED: | | | | | | |
| (If disapproved exp | olain) | | | | | |
| | | | | | | |
| DATE: | | | | | | |
| DATE: | | | _ | | | |



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| LICENSE NUMBER: 056800016 | | CITY OR TOWN | INGSTON |
|---|--|---|---|
| APPLICATION FOR RENEWAL: | Annual | LICENSE | D FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: ROYAL GAR DOING BUSINESS A ADDRESS 3 TREMONT ST | DEN RESTAURANT, IN | NC. | |
| CITY/TOWN: KINGSTON | STATE: MA | ZIP CODE: (| 02364 |
| MANAGER: LEE, PING C. | TYPE OF LICENSE: Re | | EGORY: All Alcohol |
| PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRONE STORY BLDG; 1/2 BASEME OFFICE AND 4 RESTROOMS, 4 ESIDE OF BUILDING. NEW ADDIT MAX SEATING 65 PEOPLE. STORY I hereby certify and swear under pen 1. the renewed license will be 2. the licensee has complied 3. the premises are now open | ENT INCLUDING KITCH ENTRANCES AND EXIT FION. FUNCTION ROOM RAGE ROOM. FUNCTION alties of perjury that: the of the same type for the I with all laws of the Committee | IEN, DINING ROOM,I S. ONE FRONT, 2 RE M SERVING FOOD AT DN RM/ OUTDOOR DI same premises now lic monwealth relating to ta | CAR,1 STREET ND LIQUOR , ECK AREA. ensed; |
| SIGNED BY Individual, Pa | artner or Authorized Corpo | orate Officer | |
| DATE: TELEP | HONE NUMBER: | | ENTIFICATION NUMBER: |
| We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certificatof 2010. | ng inspector and the head | d of the fire departmen | nt for the above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSIN By: | G AUTHORITY |
| DATE: | | | |
| APPLICATION FOR RENEWAL MUST BE FILE | O BY LICENSEES DURING THE M | ONTH OF NOVEMBER (M.G.I | L. Ch. 138 \$ 16A) |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 056800017 | | CITY OR TOWN KI | NGSTON |
|--|---|----------------------|---|--|
| APPLICATION FOR | RENEWAL: | Annual | LICENSED | FOR 2013 |
| | | CLASS | | YEAR |
| | KINGSTON LIQUOR A KINGSTON LIQUO | | | |
| ADDRESS 179 SUM | MER STREET | | | |
| CITY/TOWN: KING | GSTON | STATE: MA | ZIP CODE: 02 | 364 |
| MANAGER: WHIT | TE, WILLIAM TYPE (| OF LICENSE: Pac | kage Store CATE | GORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| P | LEASE ALSO VISIT OUR WEBSI | ΓΕ AND ENTER YOUR EM | IAIL ADDRESS | |
| | ICENSED PREMISES | | | |
| | WITH REAR DOOR, wear under penalties of | | TH STOR AGE AREA | IN REAR. |
| 2. the license | | laws of the Comm | same premises now licer nonwealth relating to tax in below) | |
| SIGNED BY | Individual, Partner or | Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TELEPHONE N | IUMBER: | | NTIFICATION NUMBER: al Social Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: | | | LOCAL LICENSING By: | AUTHORITY |
| (If disapproved explain DATE: | in) | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 056800019 | | CITY OR TOWN | KINGSTON | |
|---|-----------------------|-------------------------|-------------------------------------|--------------------------|--|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 2013 | |
| | | CLASS | | YEAR | |
| LICENSEE NAME: | VS LIQUORS IN | IC | | | |
| DOING BUSINESS | A MYETTE'S CC | OUNTRY LIQUORS | | | |
| ADDRESS 66 MAIN | N ST | | | | |
| CITY/TOWN: KIN | GSTON | STATE: MA | ZIP CODE: | 02364 | |
| MANAGER: PAT | EL,FALU R. T | YPE OF LICENSE: P | ackage Store Ca | ATEGORY: All Alcohol | |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF | LICENSED PREM | IISES: | | | |
| WITH A MAIN EN | TRANCE FRONTI | UDING A 1ST FLR I | | | |
| 2ND FLR- 3 BEDRO | | | | | |
| I hereby certify and s | _ | | | | |
| | | of the same type for th | = | | |
| | _ | th all laws of the Con | _ | o taxes; and | |
| 3. the premi | ses are now open to | or business (If not exp | olain below) | | |
| | | | | | |
| SIGNED BY | Individual, Partn | er or Authorized Corp | oorate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYER | R IDENTIFICATION NUMBER: | |
| | 1222110 | T(ET(CIVIEDIX | (Note: NOT Individual Social Securi | | |
| | | | | | |
| Please Check Below: | | | LOGAL LIGENS | | |
| APPROVED: LOCAL LICENSING AUTHORITY By: | | | | | |
| DISAPPROVED: | | | By. | | |
| (If disapproved explain | ain) | | | | |
| | | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 056800020 | | CITY OR TOWN | KINGSTON |
|----------------------|----------------------|---------------------------------------|----------------------|----------------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | : SUNSHINE LIC | QUORS, INC | | |
| DOING BUSINESS | S A SUNSHINE L | IQUORS | | |
| ADDRESS 133 MA | AIN ST | | | |
| CITY/TOWN: KI | NGSTON | STATE: MA | ZIP CODE: | 02364 |
| | TANO, T | TYPE OF LICENSE: Pa | ackage Store C. | ATEGORY: All Alcohol |
| EMAIL ADDRESS | : | | | |
| | PLEASE ALSO VISIT OU | R WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | |
| DESCRIPTION OF | LICENSED PREM | MISES: | | |
| | OM, CELLAR FO | ATED ON FIRST FLO R STORAGE. ENTRA | | |
| I hereby certify and | swear under penalt | ties of perjury that: | | |
| 1. the renev | wed license will be | of the same type for the | e same premises now | licensed; |
| 2. the licen | see has complied w | vith all laws of the Com | monwealth relating t | o taxes; and |
| 3. the prem | ises are now open | for business (If not exp | lain below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, Part | ner or Authorized Corp | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHO | ONE NUMBER: | | R IDENTIFICATION NUMBER: |
| | | | (Note: NOT Inc | dividual Social Security Number) |
| | | | | |
| Please Check Below: | | | LOCALLICENS | SING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | | | • | |
| (If disapproved exp | lain) | | | |
| | | | | |
| DATE: | | | | |
| DATE. | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 056800021 | | CITY OR TOWN | 1 KINGSTO | N |
|-------------------------------|--------------------|--------------------------|---------------------|--------------------|-----------------|
| APPLICATION FOR | RENEWAL: | Annual | LICE | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | A EMPIRE WIN | IE & SPIRITS | | | |
| ADDRESS 00164B S | | | ZID CODE | 02254 | |
| CITY/TOWN: KIN | | STATE: MA | ZIP CODE: | 02364 | |
| MANAGER: MCM VICK | | ΓΥΡΕ OF LICENSE:P | ackage Store (| CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | | R WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF I | | | | | |
| | | E AND EXIT IN FROM | | | |
| I hereby certify and s | wear under penal | ties of perjury that: | | | |
| 1. the renew | ed license will be | of the same type for th | ne same premises no | w licensed; | |
| 2. the license | ee has complied v | vith all laws of the Cor | nmonwealth relating | to taxes; and | |
| 3. the premis | ses are now open | for business (If not exp | plain below) | | |
| | | | | | |
| SIGNED BY | Individual, Part | ner or Authorized Cor | porate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPH | ONE NUMBER: | | ER IDENTIFICAT | |
| | | | (Note: <u>NOT</u> I | ndividual Social S | ecurity Number) |
| Please Check Below: | | | LOCAL LICEN | ICINIC ALITH | ODITY |
| APPROVED: | | | LOCAL LICEN By: | ISING AUTHO | OKII I |
| DISAPPROVED: | | | By. | | |
| (If disapproved expla | in) | | | | |
| | | | | | |
| DATE: | | | - | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 056800022 | | CITY OR TOWN | 1 KINGSTO | N |
|--|--|-----------------------|---------------------|----------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICE | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | GARMONALK,INC | | | | |
| DOING BUSINESS | A Trackside Liquors | | | | |
| ADDRESS 58 SUM | MER ST | | | | |
| CITY/TOWN: KIN | GSTON | STATE: MA | ZIP CODE: | 02364 | |
| MANAGER: MON MAR | ISINI, TYPE YBETH | OF LICENSE: Pa | ckage Store (| CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBS | SITE AND ENTER YOUR I | EMAIL ADDRESS | | L |
| DESCRIPTION OF | LICENSED PREMISE | S: | | | |
| AND RESERVE STO | H 1178 SQ FT OF RE OCK SPACE, FRONT EET. FRONT OF BUIL | , SIDE AND REA | R EXITS, ACCES | S TO RETAIL | AREA |
| I hereby certify and s | wear under penalties of | f perjury that: | | | |
| 1. the renew | ed license will be of the | e same type for the | e same premises nov | w licensed; | |
| 2. the license | ee has complied with al | l laws of the Com | monwealth relating | to taxes; and | |
| 3. the premis | ses are now open for bu | isiness (If not exp | lain below) | | |
| SIGNED BY | Individual, Partner or | Authorized Corp | orate Officer | | |
| DATE: | TELEPHONE | NUMBER: | | ER IDENTIFICAT | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in) | | LOCAL LICEN By: | SING AUTHO | ORITY |
| DATE: | | | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 056800027 | • | CITY OR TOWN KINGSTON | |
|---|---------------------------|--|--------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 | |
| | CLASS | YEAR | |
| LICENSEE NAME: ARCADIA FOOD | S INC. | | |
| DOING BUSINESS A PAISANO'S | | | |
| ADDRESS 6 PEMBROKE ST | | | |
| CITY/TOWN: KINGSTON | STATE: MA | ZIP CODE: 02364 | |
| MANAGER: TSEKERIS, JAMES TYPE | PE OF LICENSE: Rest | aurant CATEGORY: All Al | cohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EMA | AIL ADDRESS | |
| DESCRIPTION OF LICENSED PREMIS | | | |
| TWO STORY WOOD FRAME BLDG V OFFICE AND STORAGE ON SECOND | | | |
| ROOM AS WELL AS KITCHEN | TLOOK, CELLAR. E | ATTS ON EACH END OF DINING | |
| | 6 | | |
| I hereby certify and swear under penalties 1. the renewed license will be of | | ama promisas now ligansad | |
| 2. the licensee has complied with | * * | • | |
| 3. the premises are now open for | | • | |
| | · | , | |
| SIGNED BY | | | |
| Individual, Partner | or Authorized Corpor | rate Officer | |
| | | | |
| DATE | | | |
| DATE: TELEPHON | E NUMBER: | EMPLOYER IDENTIFICATION NU! (Note: NOT Individual Social Security N | |
| | | (1.000. 1.01) Individual Social Security IV | umoci) |
| We the undersigned, attest that we are | _ | | of the |
| Acts of 2004, signed by the building instrumed license and (2) the certificate of | - | <u>-</u> | Acts |
| of 2010. | • | | |
| Please Check Below: | | LOCAL LICENSING AUTHORITY | |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | | |
| | | | |
| DATE: | | | |



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| LICENSE NUMBER: | 056800030 | | CITY OR TOWN | KINGSTON |
|--|--|--|------------------------------|---|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | ISED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: | | INC | | |
| DOING BUSINESS A | | | | |
| ADDRESS 42 ELM S | | | an core | 0004 |
| CITY/TOWN: KING | STON | STATE: MA | ZIP CODE: | 02364 |
| MANAGER: BEAT | ON, MARK TYPE | | neral on C mise | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | LEASE ALSO VISIT OUR WEBS | | IAIL ADDRESS | |
| DESCRIPTION OF LI 6800 SQ FT BLDG W HANDICAPPED ACC EMPLOYEES AND T | TITH MAIN ROOM A | AND PAVED MAI ONAL EXIT ON EA | | |
| 2. the licensee 3. the premise SIGNED BY | d license will be of the has complied with a sare now open for but Individual, Partner o | ll laws of the Commusiness (If not expla | nonwealth relating in below) | |
| | individual, Partner o | r Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TELEDIANE | NIIMADED. | FMPI OYE | R IDENTIFICATION NUMBER: |
| | TELEPHONE | NUMBER: | | dividual Social Security Number) |
| Acts of 2004, signed | by the building insp | ector and the head | of the fire depart | red by Chapter 304 of the ement for the above Chapter 116 of the Acts |
| Please Check Below: | | | LOCAL LICEN | SING AUTHORITY |
| APPROVED: | _ | | By: | |
| DISAPPROVED: | | | | |
| (If disapproved explain | 1) | | | · |
| | | | | |
| DATE: | | | | |
| | | | | |



www.mass.gov/abcc

| APPLICATION FOR RENEWAL: LICENSEE NAME: MAMMA CA DOING BUSINESS A ADDRESS 00136A MAIN ST CITY/TOWN: KINGSTON MANAGER: VISCARIELLO, | Annual CLASS ARMELA'S INC | LICENSED FOR 2013 YEAR |
|--|--|---|
| DOING BUSINESS A ADDRESS 00136A MAIN ST CITY/TOWN: KINGSTON MANAGER: VISCARIELLO, | | YEAR |
| DOING BUSINESS A ADDRESS 00136A MAIN ST CITY/TOWN: KINGSTON MANAGER: VISCARIELLO, | ARMELA'S INC | |
| CITY/TOWN: KINGSTON MANAGER: VISCARIELLO, | | |
| MANAGER: VISCARIELLO, | | |
| | STATE: MA | ZIP CODE: 02364 |
| ANTONIO | TYPE OF LICENSE: Restau | urant CATEGORY: All Alcohol |
| EMAIL ADDRESS: PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR EMAIL | L ADDRESS |
| DESCRIPTION OF LICENSED PR | EMISES: | |
| | E AND EXIT NORTH FRON EXIT TO KITCHEN AREA | INING ROOM, RESTROOMS AND IT ON MAIN ST, REAR LOADING ., REAR EMERGENCY EXIT, |
| I hereby certify and swear under per | nalties of perjury that: | |
| 1. the renewed license will | be of the same type for the sar | me premises now licensed; |
| 2. the licensee has complied | d with all laws of the Commor | nwealth relating to taxes; and |
| 3. the premises are now ope | en for business (If not explain | below) |
| SIGNED BY | | |
| Individual, P | artner or Authorized Corporat | e Officer |
| Individual, P | artner or Authorized Corporat | te Officer |
| DATE. | artner or Authorized Corporate PHONE NUMBER: | te Officer EMPLOYER IDENTIFICATION NUMBER: |
| DATE. | | |
| DATE: TELEP We the undersigned, attest that w Acts of 2004, signed by the buildi | PHONE NUMBER: We are in possession (1) the cong inspector and the head of | EMPLOYER IDENTIFICATION NUMBER: |
| DATE: TELEP We the undersigned, attest that w Acts of 2004, signed by the buildinamed license and (2) the certification of 2010. Please Check Below: | PHONE NUMBER: The are in possession (1) the congrishment in the properties of the head of the area of the liquor liability insurance. | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the fthe fire department for the above |
| DATE: TELEP We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certifics of 2010. Please Check Below: APPROVED: | PHONE NUMBER: The are in possession (1) the congression inspector and the head of ate of liquor liability insuran | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts |
| DATE: TELEP We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certifica of 2010. Please Check Below: APPROVED: DISAPPROVED: | PHONE NUMBER: The are in possession (1) the congression inspector and the head of ate of liquor liability insuran | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY |
| DATE: TELEP We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certifics of 2010. Please Check Below: APPROVED: | PHONE NUMBER: The are in possession (1) the congression inspector and the head of ate of liquor liability insuran | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY |
| DATE: TELEP We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certifica of 2010. Please Check Below: APPROVED: DISAPPROVED: | PHONE NUMBER: The are in possession (1) the congression inspector and the head of ate of liquor liability insuran | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY |
| | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 056800034 | | CITY OR | TOWN | KINGSTO | N |
|--|--|---------------|-------------------|-----------|------------|---------------------------------|
| APPLICATION FO | R RENEWAL: | Annual | | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | | YEAR |
| DOING BUSINESS | RA LIQUORS, INC. A WHIT'S MARKET | | | | | |
| ADDRESS 00054A | | CT + TT | | 000 | 00054 | |
| CITY/TOWN: KIN | | STATE: N | _ | ODE: | 02364 | |
| MANAGER: PAT VIV | EL, TYPE EKANAND R. | OF LICENSE | :Package Store | C.A. | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT OUR WEBSI | | OUR EMAIL ADDRESS | | | |
| | LICENSED PREMISES | | NE DACK EW | T 2100 0 | | |
| SPACE PLUS TWO | TRANCE, ONE SIDE D COOLERS | OOR AND O | NE BACK EXI | 11 2100 S | Q FT OF RE | STAIL |
| 2. the licens 3. the premi | yed license will be of the see has complied with all ses are now open for bu | laws of the C | Commonwealth | | | |
| SIGNED BY | Individual, Partner or | Authorized C | Corporate Office | er | | |
| DATE: | TELEPHONE I | NUMBER: | | | | TION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | ain) | | LOCAL By: | LICENS | ING AUTHO | ORITY |
| DATE: | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 056800037 | | CITY OR TOWN | KINGSTO | N |
|--|---|-------------------------|-------------------------|--------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICENS | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | INDIAN POND CO A Blackstones | UNTRY CLUB, IN | C. | | |
| ADDRESS 60 COU | NTRY CLUB ROAD | | | | |
| CITY/TOWN: KIN | IGSTON | STATE: MA | ZIP CODE: | 02364 | |
| | ISBERG, TYPI DERICK M. | E OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEB | SSITE AND ENTER YOUR EM | IAIL ADDRESS | | |
| | LICENSED PREMISI | | | _ | |
| 1ST FLOOR MAIN EXITS/ENTERENC | DINING ROOM, BAI CES, 1 REAR EXIT. | R, KITCHEN, REST | FROOMS, 2 FRON | r | |
| 3. the premi | ises are now open for b | | | | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER (Note: NOT Ind | | ION NUMBER: |
| Acts of 2004, signe | d, attest that we are i d by the building insp (2) the certificate of l | ector and the head | of the fire departn | nent for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | ain) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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| LICENSE NUMBE | K: 056800038 | | CI | IY OK TOWN | OTCOMIA | IN |
|--|----------------------|--|------------|--------------------|----------------|-------------|
| APPLICATION FO | R RENEWAL: | Annua | al | LICE | NSED FOR 20 | 013 |
| | | CLAS | SS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | | D COUNTRY CLU | JB, INC | | | |
| ADDRESS 60 COU | NTRY CLUB RI |) | | | | |
| CITY/TOWN: KIN | NGSTON | STATE: | MA | ZIP CODE: | 02364 | |
| MANAGER: TON FRE | NSBERG, DERICK W. | TYPE OF LICENS | SE:Restau | rant (| CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER | YOUR EMAIL | ADDRESS | | _ |
| DESCRIPTION OF MAIN DINING AR EXITS SIDE LOAD | EA, PUB AREA, | BAR, KITCHEN, | RESTRO | OOM, OFFICE | STORAGE, 4 | REAR |
| | ises are now open | with all laws of the a for business (If no | t explain | below) | to taxes; and | |
| | | | | | | |
| DATE: | TELEPH | IONE NUMBER: | | | ER IDENTIFICAT | |
| We the undersigned Acts of 2004, signed named license and of 2010. | d by the building | g inspector and th | e head of | the fire depar | tment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl | ain) | | | LOCAL LICEN By: | ISING AUTH | ORITY |
| DATE: | | | | | | |



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| LICENSE NUI | MBER: 056800039 | | CITY OR TOWN | KINGSTON |
|---------------------------|-----------------------|--|------------------------|--------------------------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICENS | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: INDIAN PO | ND COUNTRY CLUB,II | NC. | |
| DOING BUSIN | NESS A FUNCTION | N ROOM | | |
| ADDRESS 60 | COUNTRY CLUB | WAY, | | |
| CITY/TOWN: | KINGSTON | STATE: MA | ZIP CODE: | 02364 |
| MANAGER: | GRIFFIN, KATHLEEN | TYPE OF LICENSE: R | estaurant CA | TEGORY: All Alcohol |
| EMAIL ADDR | ESS: | | | |
| | | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| | N OF LICENSED PE | | | |
| KITCHEN, RE ENTRANCES, | STROOMS, 2 OFFI | AAND FOYER, GRAND CES, SITTING AREA, I NTRANCES, LOWER L CKS. | BRIDAL SUIRE, 3 FL | OOR EXITS/ |
| I hereby certify | and swear under per | nalties of perjury that: | | |
| 1. the | renewed license will | be of the same type for the | ne same premises now | licensed; |
| 2. the 1 | licensee has complied | d with all laws of the Cor | nmonwealth relating to | taxes; and |
| 3. the 1 | premises are now ope | en for business (If not exp | plain below) | |
| | | | | |
| SIGNED BY | Individual, P | artner or Authorized Cor | porate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEF | PHONE NUMBER: | EMPLOYER | IDENTIFICATION NUMBER: |
| | | | (Note: NOT Indi | vidual Social Security Number) |
| Acts of 2004, | signed by the buildi | ve are in possession (1) t ng inspector and the he ate of liquor liability ins | ad of the fire departn | |
| Please Check Belo | ow: | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVE | | | | |
| (If disapproved | explain) | | | |
| | | | - | |
| DATE: | | | | |



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| LICENSE NUMBER: | 056800041 | | CITY | OR TOWN | KINGSTO | N |
|---|---|------------------|---------------|---------------|------------------------------------|--------------|
| APPLICATION FOR | RENEWAL: | Annual | | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: DOING BUSINESS A ADDRESS 63 SUMM | SOLSTICE RESTA | | T, INC. | | | |
| CITY/TOWN: KING | | STATE: N | MA Z | IP CODE: | 02364 | |
| | | | | | CATEGORY: | A11 A1 1 - 1 |
| MANAGER: CATA | LDI, JOHN 1 11FE | OF LICENSE | . Restauran | | ATEOURI. | All Alcohol |
| EMAIL ADDRESS: | EASE ALSO VISIT OUR WEBS | THE AND ENTED MA | NID EMAIL ADD | ADECC. | | |
| DESCRIPTION OF L | | | JUR EMAIL ADD | RESS | | |
| TWO DINING ROOM UNI-SEX HANDICAI EXITS IN REAR. KIT | AS ON FIRST FLOOP PPED TOWARD RE | R, ONE BAR | | | | |
| I hereby certify and sw | ear under penalties o | f perjury that: | | | | |
| 2. the licensee | d license will be of the e has complied with all es are now open for bu | ll laws of the C | Commonwea | alth relating | | |
| SIGNED BY | Individual, Partner or | r Authorized (| Corporate O | fficer | | |
| | | | | | | |
| DATE: | TELEPHONE | NUMBER: | (| | R IDENTIFICAT dividual Social S | |
| We the undersigned, Acts of 2004, signed named license and (2 of 2010. | by the building insp | ector and the | head of the | e fire depart | ment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain |] n) | | LOC By: | CAL LICEN | SING AUTHO | ORITY |
| DATE: | | | | | | |



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| LICENSE NU | MBER: 056800043 | | CITY OR TOWN | KINGSTON |
|-------------------------------|--|----------------------------|-------------------------|-----------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSE | ED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE N. | AME: Ruelas, Inc | | | |
| DOING BUSI | NESS A Cancun | | | |
| ADDRESS 14 | 5 main st | | | |
| CITY/TOWN: | KINGSTON | STATE: MA | ZIP CODE: | 02364 |
| MANAGER: | Sandoval, Ezequiel T | YPE OF LICENSE: Re | staurant CAT | TEGORY: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT OUR | R WEBSITE AND ENTER YOUR E | MAIL ADDRESS | |
| - | N OF LICENSED PREM | | | |
| | with counter; two dining and one side and rear en | _ | | |
| I hereby certify | y and swear under penalt | ies of perjury that: | | |
| 1. the | renewed license will be | of the same type for the | e same premises now lie | censed; |
| 2. the | licensee has complied w | rith all laws of the Com | monwealth relating to t | axes; and |
| 3. the | premises are now open f | for business (If not expl | ain below) | |
| SIGNED BY | Individual, Partı | ner or Authorized Corp | orate Officer | |
| | | | | |
| DATE: | TELEPHO | ONE NUMBER: | | DENTIFICATION NUMBER: |
| Acts of 2004, | rsigned, attest that we a signed by the building e and (2) the certificate | inspector and the hea | d of the fire departme | ent for the above |
| Please Check Bel | | | LOCAL LICENSIN | NG AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVI (If disapproved | | | | |
| (ir disappioved | и слриш <i>)</i> | | | |
| DATE. | | | | |
| DATE: | | | | |
| APPLICATION FOR | R RENEWAL MUST BE FILED B | Y LICENSEES DURING THE M | MONTH OF NOVEMBER (M.G. | L. Ch. 138 \$ 16A) |



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| LICENSE NU | TIYOR TOWN KINGSIC | IOSTON | | | |
|-------------------------|------------------------|---|---|--------------------------|--|
| APPLICATIO | ON FOR RENEWAL: | Annual | LICENSED FOR 2 | PR 2013 | |
| | | CLASS | | YEAR | |
| DOING BUSI | | TEN PIN LLC | | | |
| | TARKLIN ROAD | | | | |
| CITY/TOWN | : KINGSTON | STATE: MA | ZIP CODE: 02364 | | |
| MANAGER: | MC DEVITT,KAREN | TYPE OF LICENSE: Resta | urant CATEGORY: | Wine and Malt Regular | |
| EMAIL ADDI | RESS: | | | | |
| | PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YOUR EMA | IL ADDRESS | _ | |
| DESCRIPTIO | N OF LICENSED PRI | EMISES: | | | |
| ROOM:2 BAT REAR META | ΓHROOMS,3EXITS,F | RONT DOUBLE FLASS D PPROVAL SUVJECT TO | E MEETING.ENTERTAINMI OOR & A SINGLE GLASS I :2 STAFF MEMBERS DEDI | OOOR; | |
| I hereby certif | y and swear under pena | alties of perjury that: | | | |
| 1. the | renewed license will b | e of the same type for the sa | ame premises now licensed; | | |
| 2. the | licensee has complied | with all laws of the Commo | onwealth relating to taxes; and | | |
| 3. the | premises are now open | n for business (If not explain | n below) | | |
| SIGNED BY | | rtner or Authorized Corpora | ate Officer | | |
| DATE: | TELEPI | HONE NUMBER: | EMPLOYER IDENTIFICA | TION NUMBER: | |
| | | | (Note: NOT Individual Social | Security Number) | |
| Acts of 2004, | signed by the buildin | g inspector and the head o | certificate required by Chap of the fire department for the nnce required by Chapter 11 | e above | |
| Please Check Bel | low: | | LOCAL LICENSING AUTH | IORITY | |
| APPROVED: | | | By: | | |
| DISAPPROV | | | | | |
| (If disapprove | d explain) | | | | |
| | | | | | |
| DATE: | | | | | |
| DAIL. | | | | | |



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| LICENSE NUMBER: | 056800045 | | CI | IY OR TOV | VIN KINGSTO | IN |
|---|----------------------------------|----------------------------|-------------|----------------|---------------------|--------------------------|
| APPLICATION FOR | RENEWAL: | Annu | al | LIC | ENSED FOR 20 | 013 |
| | | CLAS | SS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS A | Λ | NES LLC | | | | |
| ADDRESS 7 TARKII | | | | | | |
| CITY/TOWN: KINC | SSTON | STATE: | MA | ZIP CODE | : 02364 | |
| MANAGER: CLUF | F,PA,E;A TY | PE OF LICEN | SE:Restau | rant | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | | |
| Pl | LEASE ALSO VISIT OUR V | VEBSITE AND ENTER | YOUR EMAIL | ADDRESS | | _ |
| DESCRIPTION OF L | ICENSED PREMI | ISES: | | | | |
| 23,000 SQ. FT. BLDC ROOM,3 BATHROO REAR METAL GARA TO SERVICE OF BE | MS,5 EXITS,1 SE AGE DOOR.APPF | T OF DOUBLI ROVAL SUBJE | E GLASS | DOOR & 3 S | SINGLE DOORS | S,AND |
| I hereby certify and sw | vear under penaltie | s of perjury tha | t: | | | |
| 1. the renewed | d license will be of | f the same type | for the sar | ne premises r | now licensed; | |
| 2. the licensee | e has complied wit | h all laws of the | Common | wealth relatii | ng to taxes; and | |
| 3. the premise | es are now open for | r business (If no | ot explain | below) | | |
| SIGNED BY | Individual, Partne | r or Authorized | l Corporat | e Officer | | |
| DATE: | TELEPHON | NE NUMBER: | | EMPLO | YER IDENTIFICAT | TON NUMBER: |
| | | | | (Note: NOT | Individual Social S | ecurity Number) |
| We the undersigned, Acts of 2004, signed named license and (2 of 2010. | by the building in | spector and th | ne head of | the fire dep | artment for the | above |
| Please Check Below: | | | 1 | LOCAL LICE | ENSING AUTHO | ORITY |
| APPROVED: | | | | Зу: | | - |
| DISAPPROVED: | | | | | | |
| (If disapproved explain | n) | | | | | |
| | | | | | | |
| D. 1. 27. 2 | | | | | | |
| DATE: | | | | | | |



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| 00046 | | CITY OR TOWN KINGSTON | | | |
|------------------------|---|---|--|--|--|
| EWAL: | Annual | LICENSED FOR 2013 | | | |
| | CLASS | | | YEAR | |
| 'ALOMA KINGST | ON INC. | | | | |
| PALOMA MEXIC | N RESTAURA | NT | | | |
| REET | | | | | |
| N S | STATE: MA | ZIP CODE: | 02364 | | |
| TYPE OI | F LICENSE: Res | taurant C | ATEGORY: | All Alcohol | |
| | | | | | |
| ALSO VISIT OUR WEBSITE | AND ENTER YOUR EM | IAIL ADDRESS | | _ | |
| ISED PREMISES: | | | | | |
| | | DINING ROOM, S | STORAGE, O | FFICES, | |
| nder penalties of po | erjury that: | | | | |
| nse will be of the sa | ame type for the | same premises nov | v licensed; | | |
| complied with all la | nws of the Comn | nonwealth relating | to taxes; and | | |
| now open for busin | ness (If not expla | in below) | | | |
| | | | | | |
| | | | | | |
| idual, Partner or A | uthorized Corpo | rate Officer | | | |
| | | | | | |
| | | | | | |
| TELEPHONE NU | JMBER: | | EMPLOYER IDENTIFICATION NUMBER: | | |
| | | (Note: NOT In | dividual Social S | ecurity Number) | |
| e building inspect | or and the head | of the fire depart | tment for the | above | |
| | | LOCAL LICEN | SING AUTHO | ORITY | |
| | | By: | | | |
| | | | | | |
| | | | | | |
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